

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

**VENTILATOR-DEPENDENT PROGRAM
VISIT REPORT: PART II (NURSING ASSESSMENT)**

CLIENT'S NAME (<i>Last, First, M.I.</i>)	TPL <input type="checkbox"/> Yes <input type="checkbox"/> No	ASSISTS ID NO.	DATE	CLIENT'S WEIGHT
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HEALTH STATUS DURING PAST MONTH

PHYSICIAN VISITS AND OUTCOMES

MEDICATION/TREATMENT CHANGES DURING PAST MONTH	FORMULA
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PROBLEMS CITED	PLANS FOR RESOLUTION	ACCOUNTABLE PARTY

OTHER ISSUES THAT NEED FOLLOW-UP

COMMENTS

CONTINUE VDP CRITERIA Current P.O.T.: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DATE OF LAST PULMONARY VISIT	YEARLY NURSING ASSESSMENT <input type="checkbox"/> Yes <input type="checkbox"/> No Due:
CASE MANAGER'S SIGNATURE		DATE
VENTILATOR-DEPENDENT NURSE CASE MANAGER'S SIGNATURE		DATE

ORIGINAL – Case Manager's file, **COPY** – Central office file

Equal Opportunity Employer/Program
See reverse for Americans with Disabilities Act (ADA) disclosure.

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disability Act of 1990 (ADA), *Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975*, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.